FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

`12FE4M5`

Hillary Action Fund

ADDRESS (number and street)   PO Box 5256

☐ Check if different than previously reported. (ACC)

CITY: New York   STATE: NY   ZIP CODE: 10185-5256 –

2. **FEC IDENTIFICATION NUMBER**

C   C00619411

3. IS THIS REPORT   ☒ NEW (N)   **OR**   ☐ AMENDED (A)

4. STATE: NY   DISTRICT:

For Candidates Only

5. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)   ☐ May 20 (M5)   ☐ Aug 20 (M8)   ☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)   ☐ Jun 20 (M6)   ☐ Sep 20 (M9)   ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)   ☐ Jul 20 (M7) and/or Semi-annual Report   ☐ Oct 20 (M10)   ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day **PRE**-Election Report for the:

☐ Primary (12P)   ☐ General (12G)   ☐ Runoff (12R)

☐ Special (12S)   ☐ Convention (12C)

Election on __ / __ / ____ in the State of __

This report also covers the semi-annual period ☐ See Line 6(b)

(d) 30-Day **POST**-Election Report for the:

☒ General (30G)   ☐ Runoff (30R)   ☐ Special (30S)

Election on 11 / 08 / 2016 in the State of NY

This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

This report covers 10 / 20 / 2016 through 11 / 28 / 2016

(b) Semi-annual Covered Period

and/or ☐ January 1 - June 30   ☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 100200.00

(b) Semi-annual Covered Period:

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   Jones, Elizabeth, , ,

Signature of Treasurer   *Jones, Elizabeth, , ,*   *[Electronically Filed]*   Date 12 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3L
02/2009